

Health Workforce Pilot Projects Program
Interview with
Supervisor-Preceptor
171—07-100
Los Angeles, California

Interview Elements	Comments/Notes					
	BRN	MBC	Assoc. of Reproductive Health Professionals	American College of OB-GYN, District IX	Technical Consultants	OSHDPD-HWPP
Overview of Present Position: 1. What are your current responsibilities with the Clinic? 2. Please share some of your experiences with us in providing abortion care, miscarriage management, post discharge care? 3. What inspired you to participate in the pilot program?	T – 30 Medical Director for all of Los Angeles, Pasadena, San Gabriel Planned Parenthood clinics. Took a program on training the trainer through UCSF. The trainers must meet the criteria in order to be a trainer.	Medical Director of all PP in Southern California 1 of 3 trainees	Not present	Not present	Not present	T – 30 She is the MD preceptor for the Los Angeles project. She attended the “train the trainer” sessions produced by the sponsor. There are three preceptors trained for participation at this site.
Pilot Project Role: 1. Describe your understanding of the supervisor/preceptor role. 2. Do you feel comfortable/competent in your new role as supervisor/preceptor? 3. How frequently are you in contact with the trainees assigned to you? 4. Are you generally scheduled to work the same day and shift as the trainee? 5. Is there a back-up preceptor system available in your facility? 6. Who assigns the trainees to patients? Describe method of assignment. 7. Are there occasions where more than one trainee is assigned to a patient? If so, discuss. 8. Have there been instances when patients are reassigned\changed and given to a non-trainee practitioner? Discuss	Works the same days as the trainee. Patients are given a form that tells them to return to the clinic or call the 24-hour phone number if they have certain symptoms or complications. Currently, the trainee is being supervised approximately 1.5 days per week.	Family Physician/Family Practice Residency Trainee asks for help What do patients need from their primary care physicians that are trained under guidelines? Can evidence based competency levels?				She commented on the differences between the training of a Physician Assistant vs. a Nurse Practitioner: Cannot tell clinically the difference between the two.

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Trainee Evaluation:						
<ol style="list-style-type: none"> What areas of strength have you identified in the Trainee's performance? Have you identified any performance weakness? If so, what remedial activities were undertaken to improve the trainee's performance? Are the trainees able to obtain signatures on the patient consent form satisfactorily? N/A 	<p>Does competency evaluations on trainees.</p> <p>The Research Coordinator, enrollment logs, and questionnaires post-abortion complete consent forms.</p> <p>There are 3 preceptors for this clinic and the trainees. Currently, has one Physician Assistant, T-744.</p>	<p>Midwifery program. UCSF online is the supervisor</p> <p>Similar in self assessment of PA and Med Director</p> <p>Same working protocols assessment</p> <p>Specialty background little to do with ability</p> <p>2nd year nursing program@ SMCC satisfaction survey</p> <p>Very happy group of individuals</p>				<p>T – 30 indicated that T-744 was not shy, was able to stop when she did not feel comfortable in a particular procedure, asked for help.</p>
Reporting Procedures/Shared Information:						
<ol style="list-style-type: none"> Describe the method of reporting and/or how information is shared regarding pilot project observations. Have you had a chance to review the patient questionnaires? If so, what were your findings? What other records do you manage/maintain? What are your expectations regarding the outcome of this project? Are there any other comments, or information you would like to share with us? 	<p>The goal for curriculum would be to integrate aspects of the curriculum into nurse practitioners, physician assistants and midwifery programs as an elective, or as postgraduate course.</p>					<p>Goal: for curriculum - would be to integrate aspects of the curriculum into nurse practitioners, physician assistants and midwifery programs</p> <p>Hope to have an evidence based competency levels.</p> <p>The question came up about terminology on abortion vs. termination. Response in the discussion was that as it relates to the patient to the clinician's "mind set."</p> <p>Continuity of care is considered.</p>